

## FAX TRANSMITTAL COVER SHEET

TO: U. S. Patent and Trademark Office  
Attn: Examiner: Hadi Shakeri  
Art Unit: 3723

FAX NO.: (571) 273-8300

DATE: July 7, 2006

FROM: DEREK V. FORINASH

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Conley Rose, P.C.  
JPMorgan Chase Tower  
600 Travis Street, Suite 7100  
Houston, Texas 77002-2912

TELEPHONE: (713) 238-8000  
FAX: (713) 238-8008

CLIENT NO.: 2186-00500

TOTAL NUMBER OF PAGES (INCLUDING THIS ONE) 11

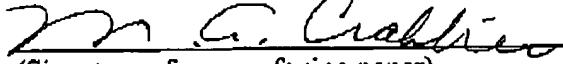
COMMENTS: Re: U.S. Patent Application No. 10/751,722  
Filing Date: January 5, 2004  
Applicant(s): Bobby Hu

The following documents are attached for filing:  
*Transmittal Form (1 p.), Fee Transmittal (1 p.), Response to Final Office Action Dated May 10, 2006 (8 p.)*

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I hereby certify that this paper (along with any referred to as being attached or enclosed) is being sent by facsimile transmission on the date shown below to the facsimile number above to the U.S. Patent and Trademark Office, in accordance with 37 CFR § 1.6(d).

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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0032  
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TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

		Application Number	10/751,722
		Filing Date	January 5, 2004
		First Named Inventor	Bobby Hu
		Art Unit	3723
		Examiner Name	Hadi Shakeri
Total Number of Pages in This Submission	10	Attorney Docket Number	2186-00500 DVF

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## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer (2) <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below).
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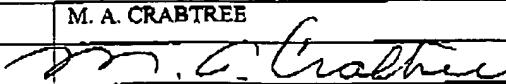
Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	CONLEY ROSE, P.C.		
Signature			
Printed name	DEREK V. FORINASH		
Date	July 7, 2006	Reg. No.	47,231

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or Printed Name	M. A. CRABTREE		
Signature		Date	July 7, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for

PTO/SB/17 (01-08)

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Effective on 12/06/04.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2006

FEE TRANSMITTAL For FY 2006		Complete If Known	
		Application Number	10/751,722
		Filing Date	January 5, 2004
		First Named Inventor	Bobby Hu
		Examiner Name	Hadi Shakeri
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	3723
<b>TOTAL AMOUNT OF PAYMENT</b> (\$ 00.00)		RECEIVED CENTRAL FAX CENTER JUL 07 2006	
		Attorney Docket No. 2186-00500	

**METHOD OF PAYMENT** (check all that apply)

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Deposit Account Deposit Account Number: 03-2769 Deposit Account Name: Conley Rose, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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 Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  
  under 37 CFR 1.18 and 1.17

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION** (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES**Fee Description

Each claim over 20 (including Reissues)

Small Entity

Fee (\$)

Fee (\$)

Each independent claim over 3 (including Reissues)

50 25

Multiple dependent claims

200 100

Total Claims      Extra Claims      Fee (\$)      Fee Paid (\$)

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

14 - 20 or HP = 0 x = 0.00

\_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20

Indep. Claims      Extra Claims      Fee (\$)      Fee Paid (\$)

\_\_\_\_\_

2 - 3 or HP = 0 x = 0.00

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>
- 100 =	/ 50 =	(round up to a whole number) x	= <u>Fee Paid (\$)</u>

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \_\_\_\_\_

SUBMITTED BY		Registration No. (Attorney/Agent) 47,231		Telephone (713) 238-8000	
Signature					
Name (Print/Type)	DEREK V. FORINASH				Date July 7, 2006

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the gathering, preparing, and submitting the completed application form to the USPTO, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, 1100 L Street, NW, Washington, DC 20591-0001. DO NOT SEND ANY COMMENTS OR REQUESTS TO THIS ADDRESS. SEND TO: USPTO, 1100 L Street, NW, Washington, DC 20591-0001.

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT:	Bobby Hu	§	ART UNIT:	3723
SERIAL NO.:	10/751,722	§	CONFIRMATION NO:	2253
FILED:	January 5, 2004	§	EXAMINER:	
FOR:	Biassing Arrangement for a Pawl of a Reversible Ratchet Type Wrench	§	Hadi Shakeri	

RESPONSE TO FINAL OFFICE ACTION DATED MAY 10, 2006Atty. Dkt. No.: 2186-00500  
Date: July 7, 2006

Mail AF  
Commissioner For Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In a Final Office Action dated May 10, 2006, the Examiner rejected claims 1, 2, 5-10, and 13-16. Reconsideration is respectfully requested.

Amendments to the Claims are reflected in the listing of claims that begins on page 2 of this paper.  
Remarks/Arguments begin on page 6 of this paper.